

FORM <b>1</b> GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER		T/A		C							
				S											
				F				D							
				1		2		13 14 15							
LABEL ITEMS				PLEASE PLACE LABEL IN THIS SPACE						<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.					
I. EPA I.D. NUMBER															
III. FACILITY NAME															
V. FACILITY MAILING ADDRESS															
VI. FACILITY LOCATION															
II. POLLUTANT CHARACTERISTICS															
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of <b>bold-faced terms</b> .															
SPECIFIC QUESTIONS				Mark "X"			SPECIFIC QUESTIONS				Mark "X"				
				YES	NO	FORM ATTACHED					YES	NO	FORM ATTACHED		
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2A)					X		B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2B)					X			
				16	17	18					19	20	21		
C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)				X		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.?</b> (FORM 2D)					X			
				22	23	24					25	26	27		
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes?</b> (FORM 3)					X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)					X			
				28	29	30					31	32	33		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)					X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)					X			
				34	35	36					37	38	39		
I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)					X		J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an <b>attainment area?</b> (FORM 5)					X			
				40	41	42					43	44	45		
III. NAME OF FACILITY															
C 1 SKIP Reston Lake Anne Air Conditioning Corp															
15 16 - 29 30										68					
IV. FACILITY CONTACT															
A. NAME & TITLE (last, first, & title)										B. PHONE (area code & no.)					
C 2 Ghorley, Luther, Area Manager										(804) 749-8868					
15 16										45 46 48 49 51 52 55					
V. FACILITY MAILING ADDRESS															
A. STREET OR P.O. BOX															
C 3 2414 Granite Ridge Rd.															
15 16										45					
B. CITY OR TOWN										C. STATE		D. ZIP CODE			
C 4 Rockville										VA		23146			
15 16										40 41 42		47 51			
VI. FACILITY LOCATION															
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER															
C 5 11485 Washington Plaza West															
15 16										45					
B. COUNTY NAME															
Fairfax															
46										70					
C. CITY OR TOWN										D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
C 6 Reston										VA		20190			
15 16										40 41 42		47 51		52 -54	

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7	4	9	6	1	(specify) Air Conditioning Supply					C	7	(specify)						
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
C. THIRD										D. FOURTH									
C	7	(specify)					C	7	(specify)										
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				

## VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?											
C	8	Luther Ghorley										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)										D. PHONE (area code & no.)											
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)											
P										(specify)											
56										A (804) 240-9650											
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						

E. STREET OR P.O. BOX									
2414 Granite Ridge Rd.									
25	26	27	28	29	30	31	32	33	34

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
C	B	Rockville								VA		23146		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	T	I								C	T	I							
9	N									9	P								
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	T	I								C	T	I							
9	U									9	V	A	G250038						
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	T	I								C	T	I							
9	R									9			(specify)						
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				

## XI. MAP


Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

The Reston Lake Anne Air Conditioning Corp. (RELAC) system is a privately owned utility that withdraws water from Lake Anne to provide chilled central air conditioning to many of the properties surrounding the lake. The water is discharged back into Lake Anne (private) downstream of the intake.

## XIII. CERTIFICATION (see instructions)


I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
Gregory K. Odell/COO																				07/15/2011									
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34										

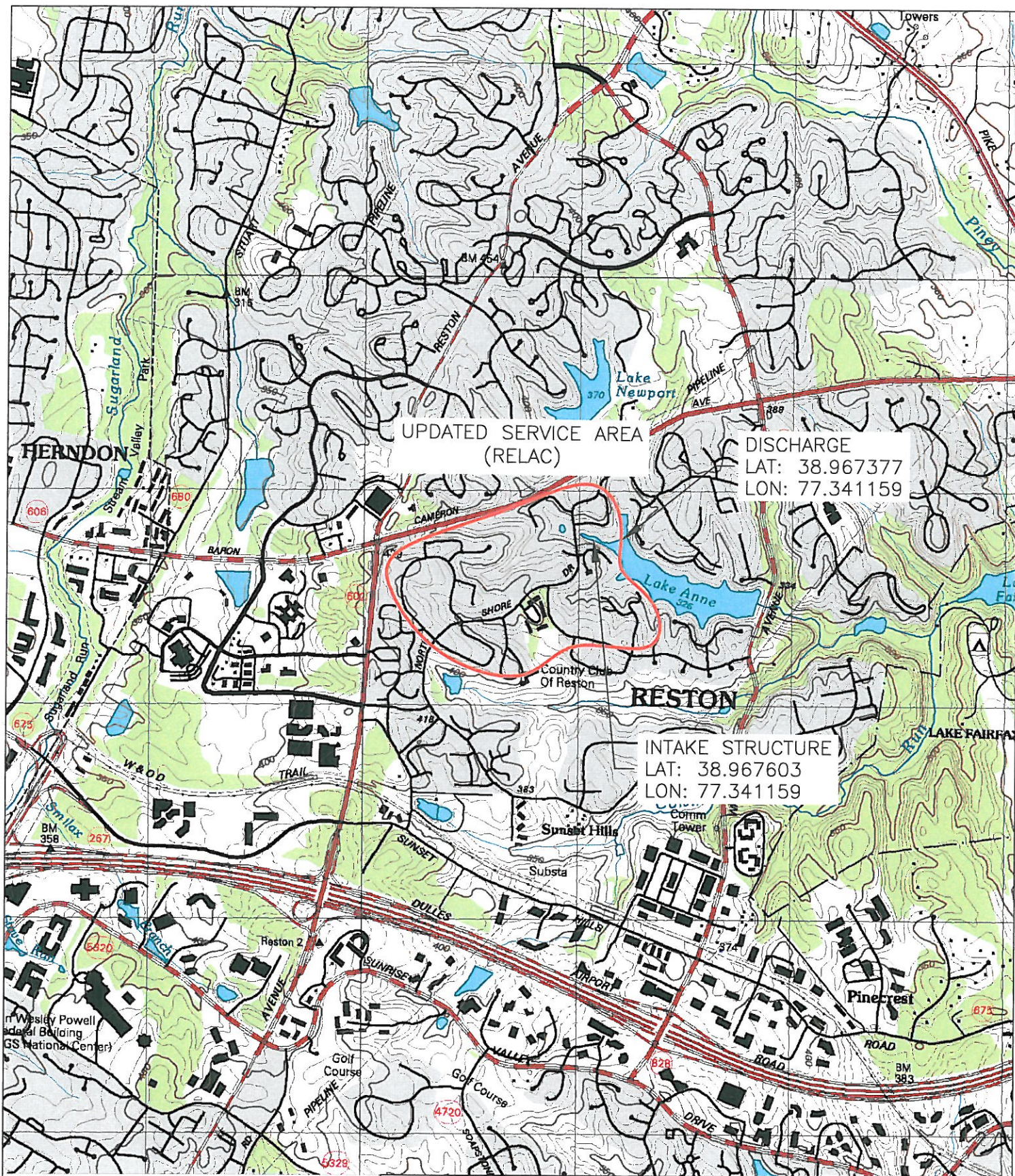
## COMMENTS FOR OFFICIAL USE ONLY

C															
C															
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Please print or type in the unshaded areas only.		EPA ID Number (copy from Item 1 of Form 1)		Form Approved OMB No. 2040-0086 Approval expires 5-31-92.			
FORM <div style="font-size: 2em; font-weight: bold;">2E</div> NPDES		<div style="display: inline-block; vertical-align: middle;"> <h2 style="margin: 0;">Facilities Which Do Not Discharge Process Wastewater</h2> </div>					
<b>I. RECEIVING WATERS</b>							
For this outfall, list the latitude and longitude, and name of the receiving water(s).							
Outfall Number (list)	Latitude			Longitude		Receiving Water (name)	
	Deg	Min	Sec	Deg	Min	Sec	Lake Anne (Private)
001	38N	57	54	77W	20	15	
<b>II. DISCHARGE DATE</b> (If a new discharger, the date you expect to begin discharging)							
<b>III. TYPE OF WASTE</b>							
A. Check the box(es) indicating the general type(s) of wastes discharged.							
<input type="checkbox"/> Sanitary Wastes <input type="checkbox"/> Restaurant or Cafeteria Wastes <input checked="" type="checkbox"/> Noncontact Cooling Water <input type="checkbox"/> Other Nonprocess Wastewater (Identify)							
B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available. No Additives are used							
<b>IV. EFFLUENT CHARACTERISTICS</b>							
<b>A. Existing Sources</b> — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions). <b>B. New Dischargers</b> — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).							
Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)	(4) Source of Estimate (if new discharger)	
	Mass	Concentration	Mass	Concentration			
Biochemical Oxygen Demand (BOD)	N/A	N/A	N/A	N/A	N/A		
Total Suspended Solids (TSS)		5 mg/L		5 mg/L	1		
Fecal Coliform (if believed present or if sanitary waste is discharged)	N/A	N/A	N/A	N/A	N/A		
Total Residual Chlorine (if chlorine is used)	N/A	N/A	N/A	N/A	N/A		
Oil and Grease	N/A	N/A	N/A	N/A	N/A		
*Chemical oxygen demand (COD)		<10 mg/L		<10 mg/L	1		
*Total organic carbon (TOC)		5.5 mg/L		5.5 mg/L	1		
Ammonia (as N)	N/A	N/A	N/A	N/A	N/A		
Discharge Flow	Value 2.6 MGD		2.6 MGD		2		
pH (give range)	Value 6.8-7.1		7.0		3		
Temperature (Winter)	N/A °C		N/A °C		N/A		
Temperature (Summer)	26 °C		22.7 °C		3		
*If noncontact cooling water is discharged							

<b>V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?</b>	
If yes, briefly describe the frequency of flow and duration.	<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No
The system only discharges non-contact cooling water used for air conditioning. The system usually starts up in May and is shut down in October, depending on the outdoor temperatures. In the summer months, flows can reach up to 3.5 MGD, while during the winter months to discharge is 0.	
<b>VI. TREATMENT SYSTEM</b> <i>(Describe briefly any treatment system(s) used or to be used)</i>	
There is no treatment system.	
<b>VII. OTHER INFORMATION</b> <i>(Optional)</i>	
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.	
<b>VIII. CERTIFICATION</b>	
<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
<b>A. Name &amp; Official Title</b> Gregory K. Odell/COO	<b>B. Phone No. (area code &amp; no.)</b> (804) 749-8868
<b>C. Signature</b> 	<b>D. Date Signed</b> 07/15/2011





UPDATED SERVICE AREA  
(RELAC)

DISCHARGE  
LAT: 38.967377  
LON: 77.341159

INTAKE STRUCTURE  
LAT: 38.967603  
LON: 77.341159

MAP SOURCE: USGS TOPO  
VIENNA QUADRANGLE  
DATE: 1994



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ABOVE.

## AQUA VIRGINIA INC

2414 GRANITE RIDGE RD ROCKVILLE, VA 23146 PHONE: 804.749.8868

### RELAC AIR CONDITIONING SYSTEM SERVICE TERRITORY UPDATE

COMPANY: AQUA VIRGINIA INC.

LOCATION: FAIRFAX COUNTY, VIRGINIA

FILE NAME	SHEET	DATE	SCALE	DRN. BY	MASTER NO.	P.W.SLD. NO.
RELAC SCC	1	7.13.11	1"=2000'	BAH		



**VPDES Permit Application Addendum**

1. **Entity to whom the permit is to be issued:** Reston Lake Anne Air-Conditioning Corp. (RELAC)  
*Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.*

2. **Is this facility located within city or town boundaries?** ☒ Y / ☐ N  
Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.

3. **What is the tax map parcel number for the land where this facility is located?** 0172040005B

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** none

5. **ALL FACILITIES: What is the design average flow of this facility?** 1.3 MGD  
**Industrial facilities: What is the max. 30-day avg. production level (include units)?** 3.5 MGD

**In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels?** Y / ☒ N

**If yes, please specify the other flow tiers (in MGD) or production levels:** \_\_\_\_\_  
*Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?*

6. **Nature of operations generating wastewater:**  
Cooling water for residential air conditioning  
0 % of flow from domestic connections/sources  
Number of private residences to be served by the wastewater treatment facilities: ☒ 0 ☐ 1-49 ☐ 50 or more  
100 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☐ Continuous ☐ Intermittent ☒ Seasonal  
Describe frequency and duration of intermittent or seasonal discharges: The system starts up in May and is shut down in September or October depending on weather.

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**  
☐ Permanent stream, never dry  
☐ Intermittent stream, usually flowing, sometimes dry  
☐ Ephemeral stream, wet-weather flow, often dry  
☐ Effluent-dependent stream, usually or always dry  
☒ Lake or pond at or below the discharge point  
☐ Other: \_\_\_\_\_

9. **Approval Date(s):**  
**O & M Manual** \_\_\_\_\_ **Sludge/Solids Management Plan** N/A

**Have there been any changes in your operations or procedures since the above approval dates?** Y / ☒ N